START-ODS
SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

# Minutes

| SYSTEM OF CARE STAKEHOLDER WORKGROUP | | |
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| Topic | Field-Based Services | |
| Date | September 29, 2016 | |
| Time | 9:30 AM – 11:30 AM | |
| Venue | Conference Room 8050 and Ground Floor 2, Building A-8<br>1000 South Fremont Avenue, Alhambra, CA 91803 | |
| **PARTICIPANTS** | | |
| Stakeholders | Alcoholism Center for Women<br>Asian American Drug Abuse Program<br>Asian American Drug Abuse Program<br>Azusa Pacific University<br>Azusa Pacific University<br>Behavioral Health Services, Inc.<br>Behavioral Health Services, Inc.<br>Behavioral Health Services, Inc.<br>Behavioral Health Services, Inc.<br>California Hispanic Commission on Alcohol and Drug Abuse<br>California Hispanic Commission on Alcohol and Drug Abuse<br>Child & Family Center<br>Children's Hospital Los Angeles<br>CRI-Help, Inc.<br>CRI-Help, Inc.<br>CRI-Help, Inc.<br>Department of Public Health - Division of HIV and STD Programs<br>Department of Public Social Services<br>Didi Hirsch<br>Didi Hirsch<br>Ettie Lee Homes<br>Exodus Recovery<br>Families for Children<br>Grandview Foundation<br>Helpline Youth Counseling<br>Helpline Youth Counseling<br>Homeless Health Care Los Angeles<br>Live Again Recovery Homes<br>Live Again Recovery Homes<br>Los Angeles Centers for Alcohol and Drug Abuse<br>Matrix Institute<br>Medi-Cure Health Services<br>Motivational Recovery Service<br>Pacific Clinics<br>Phoenix House<br>Prototypes, Inc.<br>Prototypes, Inc.<br>Prototypes, Inc.<br>Safe Refuge<br>San Fernando Valley Community Mental Health Center | Carolyn Kimble<br>Patty Abrantes<br>James S.<br>Rachel Castañeda<br>Irene Valdovinos<br>Celia Aragon<br>Susan Forrest<br>Jim Gilmore<br>Denise Shook<br>Nidia Peña<br>Marcela Rivera<br>Christine Pones<br>Irene Lim<br>Brandon Fernandez<br>Marlene Nadel<br>Richard Valle<br>Terina Keresoma<br>Christina Huerta<br>Paulla Elmore<br>Dulce Ruiz<br>Donald Parrington<br>Lezlie Murch<br>Andrew Henderson<br>Lindy Carll<br>Debbie Martinez<br>Jihan Mockridge<br>Erika Aguirre-Miyamoto<br>Michael Browne<br>Theodore Herrington<br>Bill Tarkanian<br>Dan George<br>Jo Kannike-Martins<br>Narine Malkhasyan<br>David Martel<br>Erle Sherman<br>Regina Brown<br>Stephanie Canales<br>Patricia Trivison<br>Kathy Romo<br>Katie Phillips |

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| | San Fernando Valley Community Mental Health Center<br>Shields for Families<br>Social Model Recovery Systems, Inc.<br>Southern California Alcohol and Drug Programs, Inc.<br>Special Services for Groups<br>Special Services for Groups<br>Tarzana Treatment Centers<br>University of California Integrated Substance Abuse Programs<br>Valley Women's Center<br>Volunteers of America<br>Volunteers of America<br>Volunteers of America<br>Watts Healthcare | Serena Rosenkjar<br>Kisa Grayson<br>Jim O'Connell<br>Natasha Medina<br>Stephanie Castillo<br>Heidi Deleon<br>Alesia DiFiore<br>Sarah Cousins<br>Samantha Collins<br>Mau E.<br>Kimberly Hendrix<br>Patricia Pullen<br>James DeVance |
| SAPC Staff | Yasser Aman, Diana Baumbauer, John Connolly, Loretta Denering, Sarah Domb, Timothy Dueñas, Michelle Gibson, Kristine Glaze, Tina Kim, Yanira Lima, Julie Lo, Antonne Moore, Ashley Phillips, Glenda Pinney, Steven Reyes, Mildred Reyes-Martinez, Hyunhye Seo, Valerie Sifuentes, Wayne Sugita, Duy Tran, Way Wen | |

## MEETING PROCEEDINGS

| Agenda Items | Discussion |
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| I. Welcome and Introductions | Two simultaneous meetings were conducted in separate rooms to manage the size of the stakeholders that were present. In Conference Room 8050, John Connolly, Deputy Director of the Los Angeles County Department of Public Health-Substance Abuse Prevention and Control (SAPC); and Valerie Sifuentes, Health Program Analyst within SAPC's System of Care Branch led the meeting. In Ground Floor Conference Room, on the other hand, Michelle Gibson, SAPC Strategic Planning Director; and Yanira Lima, SAPC Adult System of Care Interim Chief led the meeting.<br><br>John Connolly and Michelle Gibson opened the meetings by welcoming all of the participants; stating the meetings' goal of presenting the draft Field-Based Services (FBS) narrative for the stakeholders' feedback; and introducing the meetings' facilitators.<br><br>In addition, John Connolly provided updates on California Department of Health Care Services' (DHCS) guidance about allowing field-based services like case management in Recovery Bridge Housing (RBH). According to the State, it will depend upon the providers' quality of documentation as to why services should be delivered in RBH as opposed to a certified site. Caution and clarity should be applied, however, to avoid possible confusion between who is the provider versus RBH operator in order to avoid risks of conducting services in uncertified sites; and misconception about a patient receiving treatment services in the RBH setting. It will also depend upon the providers to consider what is acceptable for the city or neighborhood surrounding the RBH property. |
| II. Stakeholder Process Overview | Yanira Lima and Valerie Sifuentes introduced the meeting materials that included the FBS narrative, work plan form, and glossary. They explained the process which is to read the narrative's content one section or paragraph at a time, followed by the stakeholders' input and questions. |
| III. Member Expectations and Ground Rules | Participants were notified and expected to have reviewed the meeting documents in advance, to contribute to the discussion, and to focus on system design and patient care. |
| IV. Document Review and Discussion | **Workgroup participants reviewed the FBS documents and had the recommendations, comments and questions recorded below:**<br>▪ **<u>Recommendations</u>**<br>- Release guidelines and expectations for what is an acceptable FBS site. The lack of guidelines may increase potential for abuse. |

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| | - Waive FBS application requirements for sites owned by providers but utilized for other grants and programs (e.g., Probation, Department of Mental Health (DMH), etc.).<br>- Issue guidelines on justifying alternative sites outside the provider facility to avoid undue audit citations. Consequently, train SAPC Contract Program Auditors (CPA) on how to properly review work plan justifications.<br>- Under the Target Populations section, separate the bullet point on diagnosed co-occurring disorder (COD) into COD and co-morbid conditions. Also, add the homeless, pregnant and post-partum teens, older adults, and gang-involved individuals. Lastly, indicate that undocumented immigrants are included in each population category.<br>- Add drop-in centers for youth and adult, and the Los Angeles County Office of Education (LACOE) alternative school settings on the list of allowable non-clinic FBS settings.<br>- Secure approval from the school districts as opposed to individual schools for FBS at school sites. It is more convenient and could cover contingencies given that a school district's approval can already apply to several schools that providers may eventually be requested to conduct services to. Adjust FBS work plan form as necessary.<br>- Confirm with the State components of individual counseling sessions that can be conducted via FBS. Also, confirm how individual services are defined for auditing purposes.<br>- Remove question about staffing in the FBS work plan. The list may quickly become obsolete by the time of approval given high staff turnovers. Also, it may be a duplication given that the contracts already have that information.<br>- Consider allowing justification for crisis intervention sites be placed in progress notes in lieu of FBS work plan.<br>- Develop guidelines reflecting which rules from Title 22 will remain and which will be overridden by the Drug Medi-Cal (DMC) Waiver under START-ODS. Organize a stakeholder workgroup meeting around this subject.<br>- Develop guidelines on the maintenance and security of chart and client files transported from one site to another with FBS.<br>- Develop a memorandum of understanding (MOU) template for providers to use.<br>- Partner with the substance use disorder (SUD) counselor-certifying bodies, schools and academic institutions in training the students and future workforce about the current developments and practices in the SUD field in general, and the Los Angeles County SUD treatment system in particular.<br>- Make a distinction between outreach, engagement, and treatment (e.g., individual and group counseling) when determining which FBS sites need to be certified.<br>- Add trauma-informed capability to the FBS service expectations.<br>- Set minimum staff qualification for FBS to certified SUD counselor. Registered SUD counselors lack the experience, education, and specific training to deal with cases in the field. |

- **Comments**

  - Services become limited for pregnant and parenting women by not allowing reimbursements for home visits for the medically fragile.
  - DMH, Department of Health Services (DHS) and the Department of Children and Family Services (DCFS) allow for home-based services and should be considered by SAPC by reviewing those models. Family preservation and wrap-around services, like case management, in the home dramatically reduce no-shows. The purpose of going into the home is to do follow-up and check-in, especially if the client has missed a lot of appointments. Also, training is available for staff to provide home-based service as a FBS.
  - There needs to be more care taken by providers to evaluate the experience and ability of their staff to provide FBS regardless of whether their staff are Licensed Practitioners of the Healing Arts (LPHA) or SUD counselors (registered or certified).
  - An automated system may miss, through assessments, crucial information like other health issues, or levels of substance use which can be determined more accurately through a face-to-face visual assessment and urinalysis (UA) screenings.

- **Questions**

  - **How will providers bill for the assessment conducted with patients who are eventually found to not meet medical necessity?**
    - *If patients do not meet medical necessity, they will not be eligible for DMC services. Therefore, the assessment will not be reimbursable. Patients need to meet medical necessity to bill for services. The brief triage assessment (BTA) should provide an idea as to whether or not the patient will meet medical necessity, and to which provider the patient will be referred to depending upon the level of care needed. As patients move forward with their assessment, both BTA and the full ASAM assessment will be billable as soon as medical necessity is confirmed. Providers are rather familiar and have regularly dealt with this type of risk and situation.*
  - **Under the current Title 22, the patient needs to have experienced an intake before billing for assessment. If the patient is transferring to another level of care, what standard of intake should that patient experience in order for providers to bill for assessment? Also, should providers perform all the services required by Title 22 starting from intake, signing off consent forms, all the way to completing the discharge process in order to bill for any of the services?**
    - *Outlined services are more comprehensive than what is required to meet medical necessity. For as long as the patient meets medical necessity, assessment and other services conducted in the course of determining it within 15 [as revised from 30] days will be reimbursable. Send full question via email to SAPC for the State's guidance.*
  - **Did SAPC move the deadline to establish medical necessity from 30 to 15 days from the time of assessment?**
    - *Yes, correct. We will update the narrative to reflect that change.*

- **Do providers need to input client information to the Los Angeles County Participant Reporting System (LACPRS) before billing?**
    - *Yes.*
- **FBS appears to be borrowing from the DMH field-based clinical services. However, DMH has percentage of services that need to be delivered. Will SAPC providers expect something like that?**
    - *SAPC has not determined a percentage of services to be delivered that will be required to enable use of FBS services.*
- **If FBS is precisely for those who have difficulty accessing the provider facilities, why is it still then a requirement to have patients go to such facilities?**
    - *The idea is to not have all treatment services solely done in the field. Providers may be able to arrange, for instance, a patient's monthly visit to the provider facility with the intent of still keeping the patient connected to the recovering community.*
- **How about for patients who need to be served at the schools and group homes where all of the services need to conducted at those sites?**
    - *There may be situations where a patient cannot be served in a DMC-certified site. Articulate the reasons in the FBS work plan. However, when possible, patients should be connected to the treatment facility and the therapeutic community.*
- **About providing services at the school sites, is it still necessary to conduct services elsewhere like back at the provider facility when the population being served is already at such site?**
    - *The idea behind FBS is to increase access. Providers will need to clearly articulate their justifications for using alternative sites in the work plan.*
- **If an offsite entity is an approved site, every patient who comes through that location is approved for offsite services, correct? Or do providers need to apply for individual approval for each offsite service?**
    - *Correct, approval would be given to the site and is not required for each patient that would receive services at that site.*
- **This FBS narrative is just a draft, correct?**
    - *Yes, there will be revisions before the July 2017 launch. This is a learning process for SAPC and its provider network on meeting patients' needs where they are. Later on, SAPC will release its Clinical Standards of Practice Manual.*
- **If a school contacts a provider at one time to request for services, and then sends another request a few months down the line, how should the provider apply for such FBS site?**
    - *If the provider is at the FBS site on a full-time basis every day, the location will need to be added to the provider contract as a co-located site. But if the provider is at the site only on a rotating basis, then the FBS work plan will be required.*
- **How about providing home-based services?**
    - *We need to learn more about home-based services first before including it as an FBS site. For one, home settings will pose major auditing issues.*

- **How can providers deal with constant submission of FBS work plans for multiple sites? How fast will the approval be?**
    - *The goal of the FBS work plan is so providers do not have to deal with lengthier contract amendments when it comes to adding new sites. SAPC is still determining how the approval process and turnaround time will look like.*
- **Can providers re-engage patients at their homes, and can such re-engagement be included in case management?**
    - *SAPC will look into expanding FBS to include other sites like patient homes after year one.*
- **Can a site owned by a private entity that subcontracts with DMH be used for FBS?**
    - *Yes*
- **The length of time it takes for the State to approve site certifications brings disservice to the community. Section III, last paragraph of the FBS narrative seems to disallow providing services at satellite locations. Can SAPC reconsider this requirement?**
    - *All sites owned/operated by an SUD contractor where SUD services are provided must be DMC certified for the provided levels of care.*
- **Will traditional county lines remain in effect both for sites and patients? Can providers create an MOU with an organization in Montclair, CA or should a provider just serve patients at their own site in another city outside of Los Angeles County like Claremont, CA?**
    - *Per the State guidelines, SAPC can only cover residents from Los Angeles County.*
- **Do providers fill out one FBS work plan form per site?**
    - *Just one form for all sites requested. Check off all requested sites and attach pertinent documentations.*
- **When will SAPC start processing FBS site applications?**
    - *Expectations are that after the launch, the providers will be given enough time to prepare and submit their work plans.*
- **How will SAPC ensure that providers meet policies in delivering FBS?**
    - *Providers should explain in the FBS work plan how confidentiality and other rules will be fulfilled.*
- **Who will audit the providers, and will they also visit the FBS sites?**
    - *SAPC CPAs will conduct the audit with the help of QI/UM staff. FBS sites will as well be visited.*
- **Will coordinating regarding patient care with agencies and other County departments constitute case management? Can providers bill for the service even if not conducted face-to-face?**
    - *That is considered case management, which is billable even when conducted through phone. Case management definition in the FBS narrative will be reworded to pertain to face-to-face encounters.*

- **Can FBS be used for crisis intervention?**
    - *With crisis pertaining to unforeseeable things in the treatment plan and unanticipated in the FBS work plan, SAPC will need to double-check the parameters for allowing crisis intervention for FBS.*
- **What will be the units of services for FBS, and will SAPC allow flexibility?**
    - *SAPC will need to flesh out the language on FBS units.*
- **Will only certified SUD counselors be allowed to bill for services? Will there be services that registered counselors will not be able to perform and bill for?**
    - *SAPC will soon release a staffing grid for services under the system transformation. SAPC is looking at a phased approach and setting requirements for registered counselors.*
- **For Fiscal Year 2017-2018, will all the services be included in the contracts or should providers apply for each service individually?**
    - *To provide FBS, a work plan will need to be submitted and approved. If providers want to add a level of care, DMC certification will need to be obtained and the SAPC contract updated accordingly.*
- **Is there going to be any funding for outreach and engagement? It is key to connecting with the population needing services. Community Outreach Services (COS) is already used by DMH.**
    - *This is not a DMC reimbursable service since medical necessity would not have been established. SAPC will review whether other funding could or should be used for these services.*
- **Are in-custody youth services funded?**
    - *DMC services cannot be provided in an in-custody setting. Alternate funding will need to be identified to support these services.*
- **It may be hard to know the number of services that will be provided through FBS. Is there a limit to the number of services for FBS?**
    - *When you are reviewing and updating the treatment plan, you will include FBS in the treatment plan.*
- **Is it the expectation of SAPC that there is only FBS for some clients? Is FBS to be promoted as a way of doing business? There is also concern about how this is going to be funded as there may be a problem for agencies that may not have the staff to do it.**
    - *The agencies have to review their capacity to provide FBS and determine whether an in-house setting or referral to other providers is the best option.*
- **Is it the intention to only have certified staff in FBS settings? At what point would a registered SUD counselor need special requirements before being able to do FBS?**
    - *SUD counselor certification is preferred, but SAPC will determine what requirements must be met before a registered SUD counselor can conduct FBS.*

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| | - **For reimbursement purposes, do the rates change depending on the setting – FBS or at the provider site?**<br>  - *No. Rates would remain the same for the same services provided regardless of the setting.*<br>- **Are parolees or probationers restricted to accessing services?**<br>  - *No. Only in-custody services will not be covered by DMC.*<br>- **Regarding pre-authorization applications, what will the turn-around time look like?**<br>  - *Pre-authorization for residential treatment is within 24 hours. Outpatient services do not need pre-authorization.* |
| V. Next Steps | Additional feedback may be sent through SAPC's website or email at SUDTransformation@ph.lacounty.gov. Meeting notes will be posted online, and SAPC will update the FBS narrative as appropriate. |